

**PATENT APPLICATION FEE DETERMINATION RECORD**  
Effective October 1, 2003

Application or Doctet Number

10767412

**CLAIMS AS FILED - PART I**

|                                  | (Column 1)    | (Column 2)               |
|----------------------------------|---------------|--------------------------|
| TOTAL CLAIMS                     | 23            |                          |
| FOR                              | NUMBER FILED  | NUMBER EXTRA             |
| TOTAL CHARGEABLE CLAIMS          | 23 minus 20 = | 3                        |
| INDEPENDENT CLAIMS               | 1 minus 3 =   |                          |
| MULTIPLE DEPENDENT CLAIM PRESENT |               | <input type="checkbox"/> |

• If the difference in column 1 is less than zero, enter "0" in column 2

**CLAIMS AS AMENDED - PART II**

9/14/0

|  | (Column 1) | (Column 2)                         | (Column 3)               |
|--|------------|------------------------------------|--------------------------|
| CLAIMS REMAINING AFTER AMENDMENT               |            | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA            |
| Total  | 23         | 23                                 | 1                        |
| Independent                                    | 1          | 3                                  | 1                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |            |                                    | <input type="checkbox"/> |

SMALL ENTITY TYPE ☐

OR OTHER THAN SMALL ENTITY

| RATE      | FEE    |    | RATE      | FEE    |
|-----------|--------|----|-----------|--------|
| BASIC FEE | 385.00 | OR | BASIC FEE | 770.00 |
| X\$ 9=    | 27     | OR | X\$18=    |        |
| X43=      |        | OR | X86=      |        |
| +145=     |        | OR | +290=     |        |
| TOTAL     | 412    | OR | TOTAL     |        |

SMALL ENTITY OR OTHER THAN SMALL ENTITY

| RATE           | ADDITIONAL FEE |    | RATE           | ADDITIONAL FEE |
|----------------|----------------|----|----------------|----------------|
| X\$ 9=         |                | OR | X\$18=         |                |
| X43=           |                | OR | X86=           |                |
| +145=          |                | OR | +290=          |                |
| TOTAL          |                | OR | TOTAL          |                |
| ADDITIONAL FEE |                | OR | ADDITIONAL FEE |                |

4-27-04

|  | (Column 1) | (Column 2)                         | (Column 3)               |
|--|------------|------------------------------------|--------------------------|
| CLAIMS REMAINING AFTER AMENDMENT               |            | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA            |
| Total  | 23         | 23                                 | 1                        |
| Independent                                    | 1          | 3                                  | 1                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |            |                                    | <input type="checkbox"/> |

| RATE           | ADDITIONAL FEE |    | RATE           | ADDITIONAL FEE |
|----------------|----------------|----|----------------|----------------|
| X\$ 9=         |                | OR | X\$18=         |                |
| X43=           |                | OR | X86=           |                |
| +145=          |                | OR | +290=          |                |
| TOTAL          |                | OR | TOTAL          |                |
| ADDITIONAL FEE |                | OR | ADDITIONAL FEE |                |

|  | (Column 1) | (Column 2)                         | (Column 3)               |
|--|------------|------------------------------------|--------------------------|
| CLAIMS REMAINING AFTER AMENDMENT               |            | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA            |
| Total  |            |                                    |                          |
| Independent                                    |            |                                    |                          |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |            |                                    | <input type="checkbox"/> |

| RATE           | ADDITIONAL FEE |    | RATE           | ADDITIONAL FEE |
|----------------|----------------|----|----------------|----------------|
| X\$ 9=         |                | OR | X\$18=         |                |
| X43=           |                | OR | X86=           |                |
| +145=          |                | OR | +290=          |                |
| TOTAL          |                | OR | TOTAL          |                |
| ADDITIONAL FEE |                | OR | ADDITIONAL FEE |                |

• If the entry in column 1 is less than the entry in column 2, enter "0" in column 3.

• If the Fee Number Previously Paid For on THIS SPACE is less than \$0, enter "00."

• If the Fee Number Previously Paid For on THIS SPACE is less than \$1, enter "01."

The Fee Number Previously Paid For (Total or Independent) is the highest number found in the appropriate box in column 1.